

Fairfax County Park Authority
EPI-PEN AUTHORIZATION



PART I: To be Completed by the Parent/Guardian

I hereby authorize Fairfax County Park Authority (FCPA) personnel to administer Epinephrine injection as directed by the Physician below (Part II). I agree to release, indemnify, and hold harmless FCPA and any of its officers, staff, contractors or agents from lawsuit, claims, expense, demand, or action against them for administering the injection, provided they follow the Physician's order as written below. I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and I assume responsibilities as required. I understand that the rescue squad will always be called when Epinephrine is injected, whether or not the child manifests any symptoms of anaphylaxis.

Child's Name _____
DOB _____

Parent's Signature Daytime Telephone Date

PART II: To be Completed by Physician

Emergency injections are administered by non-health professionals who are taught by the Fairfax County Health Department to administer the injection. For this reason, only premeasured doses of Epinephrine may be given. It should be noted that these staff members are not trained observers; therefore, they cannot observe for the development of symptoms before administering the injection.

The following injection will be given immediately after report of exposure to:

Indicate specific allergen and type of exposure (eg. Ingestion, skin contact, inhalation)

Check as appropriate: *medication expiration date must be clearly indicated

Epi-Pen

____ Give the premeasured dose by auto injection

____ Repeat dose in 15 minutes if rescue squad has not arrived (2 kits needed)

Epi-Pen Jr.

____ Give the premeasured dose of 0.15mg epinephrine 1:2000 aqueous solution

____ Repeat dose in 15 minutes if rescue squad has not arrived (2 kits needed)

All Epi-Pens will be held by camp staff unless doctor authorizes the child may carry the Epi-Pen on them.

____ I believe this child can use the Epi-Pen properly in an emergency and this child may carry the Epi-Pen on his/her person.

Physician's Name and Number Physician's Signature Date

PART III: To be Completed by FCPA

This form is complete and the medication is appropriately labeled.

The child _____ (has/ has not) been approved to carry own Epi-Pen.

Signature of FCPA Designee Date

Parent Information about Epinephrine Procedures

1. Epinephrine may only be administered with parent/guardian and physician authorizations.
2. Medication may not be accepted by personnel unless the Authorization Form is completed and signed.
3. A Physician may use office stationery or prescription pad in lieu of completing Part II. Necessary information includes: child's name, allergen for which Epinephrine is being prescribed, type of exposure, brand name, amount of premeasured epinephrine, time for repeat doses if deemed necessary, physician's signature and date.
4. The parent/guardian is responsible for submitting a new form whenever there is a change in dosage or a change in the conditions under which epinephrine is to be injected.
5. Only premeasured doses of epinephrine may be given by FCPA personnel.
6. Medication must be properly labeled by pharmacist. Expiration date must be clearly indicated.
7. If repeat doses of Epi-pen injections are in the physician's order, the parent/guardian must supply two Epi-pen kits.
8. Medications must be hand delivered by the parent/guardian and any unused portions must be picked up by the parent/guardian immediately after effective date or on child's last day.
9. All medication is kept in a locked area only accessible to authorized staff unless otherwise noted on authorization form that child may carry the medication.
10. The Fairfax County Park Authority does not assume responsibility for unauthorized medication taken independently by the child.
11. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.